



09/14/2004 12:43 FAX 312 269 1742

NEAL GERBER

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25541 7590 08/02/2004

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Lisa Lyle (Depositor's name)
[Signature] (Signature)
9/14/04 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/634,356 | 08/05/2003 | Raymond M. Hauser | 36400.29US2 | 8817 |

TITLE OF INVENTION: CONNECTION APPARATUS FOR A TRANSAXLE ASSEMBLY HAVING TWO HOUSINGS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 11/02/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------------|----------|----------------|
| LUM VANNUCCI, LEE SIN YEE | 3611 | 180-006480 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Neal, Gerber & Eisenberg, LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Hydro-Gear Limited Partnership

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sullivan, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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OMB 0651-0033

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PAGE 2/2 * RCVD AT 9/14/2004 1:46:32 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-2/3 * DNIS:7464000 * CSID:312 269 1742 * DURATION (mm:ss):01:26



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FACSIMILE TRANSMISSION**NUMBER OF PAGES WITH COVER PAGE: 2**

DATE: September 14, 2004 **TIME:** 12:42 PM **C/M No.:** 036400.0801
FROM: Thomas C. McDonough **PHONE:** (312) 269-5282 **FAX:** (312) 269-1747
RE: Serial No. 10/634,356; Issue Fee Transmittal

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